



HYDC #: _____

Date Filed: _____

Historic Yorktown Design Committee

APPLICATION FOR ARCHITECTURAL REVIEW

I/We _____ request authorization under the terms of the Yorktown Historic District (Section 24.1-377 of the York County Zoning Ordinance) and the Yorktown Design Guidelines to undertake the property improvements described in this application.

Property Location/Address: _____

Tax Assessor's Parcel Number(s): _____

GPIN: _____

Proposed Action(s):

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | New Building | <input type="checkbox"/> | Repainting with existing color scheme |
| <input type="checkbox"/> | Addition | <input type="checkbox"/> | Repainting with different color scheme |
| <input type="checkbox"/> | Relocation | <input type="checkbox"/> | New roof – same color and materials |
| <input type="checkbox"/> | Demolition | <input type="checkbox"/> | New roof – different color or materials |
| <input type="checkbox"/> | Deck / Porch / Trellis | <input type="checkbox"/> | New / replacement windows |
| <input type="checkbox"/> | Garage / Storage Shed | <input type="checkbox"/> | Signs (new or replacement) |
| <input type="checkbox"/> | Walls / Fences | <input type="checkbox"/> | |
| <input type="checkbox"/> | Other (please describe) _____ _____ | | |

Detailed Description of Proposed Improvements / Actions: please describe the proposed exterior improvements and property modifications that you would like to undertake; attach architectural plans or sketches or photographs to depict the proposal: _____

A LIST OF ALL MATERIALS USED AND COLORS PROPOSED MUST BE SUBMITTED WITH THE APPLICATION: (include information for foundation, walls, doors, windows, trim, gutters/downspouts, roofing, lighting, sidewalks, mechanical equipment, decks, rails, chimney, walls, fences, and others as applicable; include samples of materials and color charts.)

Applicant/Property Owner

Printed Name _____
Address _____
City/State/Zip _____
Phone/Fax No. _____
E-mail _____

Representative

Printed Name _____
Firm _____
Address _____
City/State/Zip _____
Phone/Fax No. _____
E-mail _____

The above named person/firm has permission to represent me regarding this request for architectural review. I understand that approval by the Historic Yorktown Design Committee (HYDC) of any construction, reconstruction, alteration, demolition or other modification of a building, structure, sign or exterior architectural feature shall expire 12 months from the date of approval.

Property Owner Signature: _____ Date: _____

Signing this application form shall constitute the granting of authority to County officials and HYDC members to enter onto the property for the purposes of conducting the analysis of the application, taking photographs and posting signs to notify the public of the application.

PLEASE NOTE THAT CONSIDERATION WILL NOT BE GIVEN TO INCOMPLETE APPLICATIONS.

Application was:

- ☐ **Approved**
- ☐ **Approved with Conditions**
- ☐ **Denied**

Date of HYDC Action: _____

**Historic Yorktown Design Committee, P.O. Box 532, Yorktown, VA 23690
(757) 890-3320 Phone / (757) 890-4000 FAX**